INFORMATION & ASSISTANCE UNIT GUIDE: #12

HOW TO FILE A PETITION TO REOPEN

If your disability has increased, this form should be completed to reopen your case.

You should obtain a medical report from your doctor indicating your condition has worsened and also collect any other evidence you have to support your case.

Complete the form. Follow the attached sample. Be sure to sign and date the form.

You have five (5) years from the date of your injury to file this petition.

If the insurance company won't voluntarily reopen your case and you are ready to proceed to a hearing, you should fill out a Declaration of Readiness to Proceed (see I&A Guide 07) and submit it with your petition.

You will need to mail the original of these forms and your evidence to the Workers' Compensation Appeals Board. You also need to send a copy to the insurance company handling your claim.

Keep a copy for your records.

If you need help you may call an Information and Assistance Office. The local I&A phone numbers are listed on the back of this guide.

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations which are different than presented here.

WORKERS' COMPENSATION APPEALS BOARD DISTRICT OFFICES

1661 N. Raymond Avenue Ste. 200 (714) 738-4038 1880 North Main Street, 1st Floor Information & Assistance Unit (408) 443-3058 Information & Assistance Unit BAKERSFIELD, 93309 1800 30th Street, Rm.100 Information & Assistance Unit (661) 395-2514 SAN BERNARDINO, 92401-1888 464 West Third Street, Ste. 239 Information & Assistance Unit (909) 383-4522 Information & Assistance Unit EUREKA, 95501-0421 100 "H* Street, Rm. 2011 Information & Assistance Unit (707) 441-5723 Information & Assistance Unit (619) 525-4589 Information & Assistance Unit FRESNO, 93721-2280 2550 Manposa Street, Rm. 4078 Information & Assistance Unit (559) 445-5355 SAN FRANCISCO (DISTRICT OFFICE), 94102 455 Golden Gate Ave., 2nd Floor Information & Assistance Unit (415) 703-5020 Information & Assistance Unit GOLETA, 93117 6755 Hollister Avenue Information & Assistance Unit (805) 968-4158 300 Posa Sea San Antonio, Rm. 223 Information & Assistance Unit (408) 277-1292 Information & Assistance Unit GROVER BEACH, 93433-2261 1562 Grand Avenue Information & Assistance Unit (805) 481-3296 SANTA ANA, 92701-4080 22 Cviv. Center Plaza, Ste. 451 Information & Assistance Unit (714) 558-4597 Infor	ANAHEIM, 92801		SALINAS, 93906	
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SACRAMENTO, 95825				
2424 Arden Way, Ste. 230 (916) 263-2741 Information & Assistance Unit		(916) 263-2741		

Department of Industrial Relations Division of Workers' Compensation WORKERS' COMPENSATION APPEALS BOARD STATE OF CALIFORNIA

your name)	Case No. your WCAB case number
VS.	Applicant,)	
your employer and)	PETITION TO REOPEN
insurance company)	
	Defendants ₎	

Petitioner hereby requests that the above-entitled action be reopened for the following reasons:

Explain in your own words why you feel your case should be reopened.

(WCAB RULE 10514)		
On today's date at city	your signature	
(date) (place)	Petitioner	
Copy mailed to following addresses:		
(1) WCAB	your address	
_	Address	
(2) insurance company		
	Attorney for Petitioner	
	Address of Attorney	
your signature	·	
(Signature)		

PROOF OF SERVICE

Department of Industrial Relations Division of Workers' Compensation WORKERS' COMPENSATION APPEALS BOARD STATE OF CALIFORNIA

)	Case No.
) Applicant,)	
VS.)	PETITION TO REOPEN
)	
	Defendants)	

Petitioner hereby requests that the above-entitled action be reopened for the following reasons:

PROOF OF SERV (WCAB RULE 10		
On	at (place)	 Petitioner
Copy mailed to f	following addresses:	
		Address
		Attorney for Petitioner
		Address of Attorney
	 ignature)	